



Fire Prevention Fund Grant Program Project Application



Please fill out the following form completely and accurately. Consult the Project Application Instructions for clarification of your expected response to the questions below. The information you provide on this form and the required attachments will be used to judge the relative merits of your proposed project against the grant evaluation criteria. Applications, and all supporting materials, may be submitted either electronically or in hard copy to:

California Department of Forestry and Fire Protection
Attn: Grants Management Unit, FPF Grant
P.O. Box 944246
Sacramento, CA 94244-2460
CALFIRE.Grants@fire.ca.gov

1. **Project Name:** _____

2. **Sponsoring Organization:** _____

Organization Type: _____ - Drop Down Box - _____ If Other, Please specify: _____

Project Manager: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

3. **Project Category:** Please choose the eligible project category that best represents your proposed project from the drop down list below. If other is selected, please specify the proposed activity in the space provided.

Project Category: _____ - Drop Down Box - _____ If Other, Please specify: _____

4. **Grant Period:** Please provide the estimated start date and completion date for your project. Projects MUST be completed by March 15 of the second year after grant award. For example, if the grant is executed in 2016, the project completion date must be no later than March 15, 2018. Note that final billing is due 30 days after project completion. Please use MM/DD/YYYY format.

Project Start Date: _____ Project End Date: _____

5. **Project Location:** Please identify the location of your proposed project including a Township, Range and Section that identifies the general area of your project, the county your project is in, the CAL FIRE administrative unit your project is in, and the address, community, or common name of your project area.

A map of CAL FIRE administrative units can be found on the Forest and Range Assessment Program (FRAP) website at: http://frap.fire.ca.gov/data/frapgismaps/pdfs/admin_units_09.pdf

Section: _____ Township: _____ Range: _____ Base and Meridian: _____ - Drop Down Box -

County: _____ CAL FIRE Unit/Contract County: _____ - Drop Down Box -

Address, community, or common name of project area: _____

6. Project Area: For all projects, provide an estimate of the project area size and include an estimate of the number of habitable structures impacted by the project. Provide the size of the treatment area for projects that include fuel treatment.

Project Area (acres): _____ Fuels Treatment Area (acres): _____

Number of Habitable Structures: _____

7. Fire Hazard Severity Zones: Provide an estimate of the proportion of each Fire Hazard Severity Zone (FHSZ) that is in the project area. Fire Hazard Severity Zone ratings are available at the FRAP website at: http://www.fire.ca.gov/fire_prevention/fire_prevention_wildland_zones_maps.php

Moderate FSHZ (%): _____ High FSHZ (%): _____ Very High FSHZ (%): _____

8. Project Budget: Please provide the total grant request, any matching funds provided through other funding sources, and the total project budget.

Total Grant Funding being requested (\$): _____

Matching funds from other sources (\$): _____

Total Project Budget (\$): _____

9. Attachments: A complete application should contain the following attachments:

- Scope of Work
- Project Budget
- Project Map*

*Required for fuel reduction projects, optional for planning and education projects.

10. Application Submission: Be sure to save a copy of this form for your records. Submit one (1) copy of this application with all supporting materials either electronically to CALFIRE.Grants@fire.ca.gov, or in hard copy form to the address listed at the top of this application. For electronic submissions, please use "FPF Project Application" in the e-mail subject line and include yourself as a CC. Your CC will be proof of your submittal.

Submitted by: _____
Name and Title of authorized representative

Date: _____